

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|-----------|
| FEE DETERMINATION | BA | 70385 | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | 69652 | 4/7/13/00 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date | | | |
|-------|----------|----------|---------|---------|
| Final | Original | | | |
| 1 | ✓ | 10/10/00 | 3/14/00 | 6/25/00 |
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| Claim | Date | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy